



# Report of an inspection of a Designated Centre for Disabilities (Adults).

## Issued by the Chief Inspector

Name of designated centre:	Glen Ri Service
Name of provider:	Health Service Executive
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	14 July 2025
Centre ID:	OSV-0005862
Fieldwork ID:	MON-0047655

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Glen Rí Service comprises of two single- houses in Ballina Co. Mayo. The service provides a residential service to six male adults with a moderate to severe Intellectual Disability. Each house comprises a hallway, three bedrooms, a kitchen and dining area, a utility room, a bathroom, and sitting rooms. Some of the people being supported also have secondary diagnoses including neurological conditions and dementia. Supports are provided seven days per week based on the assessed needs of each person. Staff support is available daily on a responsive roster with a waking night support. Staff support is flexible to ensure people can attend events of their choosing as desired. Social support ensures that people supported can access community and social outlets such as shopping, educational events, concerts, and sporting events dependent on the expressed wish of each person.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	6
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## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Monday 14 July 2025	09:00hrs to 14:00hrs	Catherine Glynn	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection to monitor the provider's arrangements in response to information received by the Chief Inspector of Social Services relating to the provider's governance and oversight of Glen ri service. The inspector reviewed care and support practices at the centre which related to the information received and found that good practices were in place at the centre ensuring the safety and well being of residents.

As part of the inspection, the inspector met with the person in charge, staff on duty who were supporting residents on the day in both of the designated centre's houses. On the day of the inspection, the inspector arrived at one house and was greeted by staff and a resident. The resident and staff reviewed the inspectors' identification and invited them into their house. Two residents were up, and another resident was enjoying a leisurely sleep-in when the inspector arrived. One resident walked up to the inspector and gave them a fist pump as their way of greeting and then chatted with the staff present. The resident was busy completing their daily activities and planning for their day out with staff. All of the residents present in the centre that day had activities planned, including a day trip to Strokestown and activities such as social farming and equine therapy.

From speaking with the person in charge and the staff team, it was clear that many measures were in place to care and support residents in line with their assessed needs, while also ensuring that all residents benefited from a good quality of life that was person-centred. It was clear on the day that the person in charge and staff on duty helped residents daily to understand and manage their schedules effectively through a person-centred planning approach. Residents had weekly meetings and individual time every week to plan and discuss their activities for the week ahead with staff. The inspector noted throughout the day that staff were engaging warmly and professionally with residents, but were also mindful of their interactions with residents who required specific behaviour support guidelines. The inspector observed a conversation between a resident seeking reassurance from the person in charge, which was undertaken in a calm and respectfully manner, reassuring the resident.

In summary, the inspector found that residents' safety and social activities were paramount to all systems and arrangements the provider had put in place in Glen ri service. Oversight systems were in place and effective to ensure the quality and safety of care provided was monitored effectively. Residents were clearly supported and encouraged to choose how they wished to spend their time and they were involved as much as possible in the running of their home based on their needs and abilities.

Overall, the inspector found the centre was person-centred and met the needs of the residents who lived there. The next two sections of the report present the

inspection findings in relation to how the governance and management arrangements at the centre supported the quality and safety of the service provided.

## Capacity and capability

This inspection found that the provider had ensured that effective governance and management systems, including appropriate structures for the oversight and direction of care were in place for residents living in the centre.

Management structures ensured that there was clear lines of accountability ensuring that issues were escalated to the person in charge and also senior management as and when required. This was evidenced through an extensive system of audits which looked at all aspects of care provided as well as the day-to-day operation of the centre. Where improvements were identified, these were addressed in a timely manner and forwarded to senior management or other departments within the organisation if required.

Staff arrangements were fluid in nature due to the consistency of care required for all residents living in the centre. For example, one resident received individualised support while other residents were engaging in their bespoke day activities. This included social farming and equine therapy. Staff spoken with were very familiar with the diverse range of support needs required for all residents in the centre. This included residents who required one to one time for activities as part of their assessed needs and other residents who enjoyed joint outings as seen on the day of the inspection. The responsiveness of the staff team ensured that residents needs were supported at all times and a consistent approach to their care was maintained.

This centre also had a focus on staff knowledge and meeting residents' needs, with staff accessing regular training and receiving updates on resident care plans through attendance at team meetings and management communications.

Governance and oversight arrangements at the centre ensured that the needs and preferences of residents was at the centre of daily operations in Glen Ri service.

## Regulation 16: Training and staff development

The provider's training arrangements ensured that staff skills were up-to-date, reflected current developments in health and social care practices and ensured that residents' needs were consistently supported by the whole staff team.

A review of training records from January 2025 to June 2025 for all staff at the centre showed that they had completed a range of training; for example, fire safety, manual handling, infection control and human rights. Records showed that training

was regularly refreshed in line with organisational time frames. Staff also spoke about being able to request and access additional training to ensure they could meet the needs of residents effectively through the centre's management.

Judgment: Compliant

### Regulation 23: Governance and management

Governance and management arrangements at the centre ensured that care and support practices were subject to regular monitoring to ensure their effectiveness in meeting the needs of residents living in Glen Ri services.

Care practices at the centre were subject to regular review by the provider, person in charge, or a nominated staff member through a range of audits. The inspector reviewed a sample of audits for January to May 2025, including staffing, policies and procedures, risk management, health and safety and infection control. Audits showed a high level of compliance at the centre, and where improvements were identified, a clear action plan was in place to address them, including suitable completion dates. These audits also showed the person responsible for their completion.

There were clear lines of accountability in the centre. Staff knew who to contact should any issues arise. Information was shared at regular team meetings. Team meetings were completed monthly, and the inspector reviewed minutes of the meetings from December 2024 to April 2025. Meeting records showed discussions on specific issues relating to residents' care such as a review of incidents/accidents as well as staffing such as the weekly roster and leave arrangements.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had a complaints policy and procedure in place at the centre, and the relevant persons identified in the complaints procedure were also shown on the user-friendly poster displayed in the centre on the day of the inspection to support residents' knowledge on how to raise a concern.

The policy and procedure in place in the centre provided clear guidance to staff on complaints management in the centre. There was a log of complaints maintained with actions listed in response to the complainant as required by the regulations. The inspector noted that there was no active complaints on the day of the inspection. The provider had information displayed should a resident or their

representative become unhappy with the outcome of a complaint, showing the appeals process available and relevant contact persons if needed.

Judgment: Compliant

## Quality and safety

The inspector found that this centre provided a good quality service. Residents' needs were assessed and appropriate supports put in place to meet them, with resident safety promoted at all times.

Residents received a person-centred service at the centre, with their health, social and personal needs being identified and appropriate supports being put in place. Consistency of staff practice to meet residents' needs was promoted through access to all necessary information in order to support residents appropriately.

The safety of residents was promoted at the centre. Staff were aware of safeguarding procedures and the control measures in place to protect residents from the risk. Risks to residents and the service as a whole were identified and control measures put in place to reduce these risks. The inspector reviewed all records relating to recent safeguarding incidents in the centre. The provider had ensured that a robust procedure had commenced and all relevant actions completed in line with local and national policy. This included appropriate communication with residents, commencement of 'trust in care' investigations if staff were involved and feedback to residents where required. These actions ensured that residents were safeguarded appropriately at all times in this centre.

## Regulation 5: Individual assessment and personal plan

The provider had ensured that the residents' health, social and personal needs were assessed and supported.

The inspector reviewed a sample of records for two residents and found that an assessment of these needs had been completed within the previous 12 months and an annual review of the residents' personal plans had occurred within the previous 12 months. The annual meetings included a review of the resident's previous year goals and planning for the year ahead, with residents and their family/representatives being actively involved.

Judgment: Compliant



## Regulation 8: Protection

The provider had effective measures in place to ensure residents were protected from abuse.

Staff had received training in safeguarding in line with the organisation's requirements. They were knowledgeable about the steps that should be taken if a safeguarding incident occurred. Safeguarding was included as a standing item on all monthly team meetings. The inspector reviewed recent safeguarding investigations that had occurred in the centre, and noted that the procedure was followed in line with the provider's local policy. This included the referral to the local safeguarding team within the specified time periods, a preliminary safeguarding plan with measures to support a resident, and guidance on staff practice in the centre. Furthermore, all referrals to the local designated officer also showed relevant notifications completed for the Chief Inspector of social care as required by the regulations.

The inspector reviewed the intimate and personal care plan for one resident. This plan provided detailed and comprehensive guidance to staff on how to support the resident in this area of care.

Judgment: Compliant

## Regulation 9: Residents' rights

The rights of residents were promoted in Glen Ri services.

Staff at the centre had completed training in human rights in 2024 and 2025. This resulted in both increased knowledge and enhanced awareness across the staff team. This was evident through observations of staff interactions with residents at the centre, which were respectful, dignified, and focused on providing day-to-day choices such as activities for the day. In addition, residents based on their abilities and preferred communication style, were supported to attend weekly resident meetings at the centre where records in 2025 showed they were updated on changes at the centre as well as how to make a complaint and the centre's fire safety protocols.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant